Foster Family Home - Corrective Action Report

Provider ID:

1-586216

Home Name:

Zenaida Ramos, CNA

Review ID:

1-586216-5

94-409 Pupukupa Street

Reviewer:

Angelica Galindo

Waipahu

HI 96797

Begin Date:

6/10/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 6/10/19. Corrective Action Report issued during home inspection with all items due to CTA by 7/10/19. 6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - ecrim for CG#2 and CG#3 expired: last done 1/10/2017 and 1/17/2017.

8.(a)(2) - APS/CAN for CG#2 and CG#3 expired: both last done 1/11/2017.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7)

Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary

resuscitation, and basic first aid.

Comment:

41.(b)(7) - TB clearance test for CG#1 last done 10/18/2017. TB clearance screening form for CG#2 last done 1/09/2017.

41.(b)(8) - CPR/first aid training for CG#1 last done 1/03/2017. Blood borne pathogen for CG#1 last done 1/31/2018.

Ce 10/19 Date 6/10/2019

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6/11/2019 9:54 AM

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: Zenaida A. Rames CCFFH Address: 94-409 Pupukupa Street. Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8 (g X1)	Retrieved Ecnim for CB+2 (CB+3	06/13/2010	date does not lapse ob/13/2020
	Retrieved APS/CAM tov CB#29 CB#3	10417/2019	Ensure renewal date does not capse oblightow
41(6)(7	1 CS#I received TB	06/19/2014	Ensure TB clearance
	Charance 06/19/19 Co 24 Treceived CPR/ First Aid Training on 06/18/2019 C 24 H received Blood Borne Pathogen on		date does not lapse one year C& #1 will acquire TB clearance prior to 06/19/2000. ch. #2 will acquire TB Klearance prior to 09/08/2019 ensure CPR/First Hid training & Blood Borre Phatogen training dates.
Primary Care	103/17/2019 egiver's Signature: Zenaida A. Zenaida A. Ramos	Ram or	then every mother do no sture: 09/02/2019